Application or Docket Number

_	Effective October 1, 2001							1000009												
CLAIMS AS FILED - PART (Column 1)						umn 2)		SMALL ENTITY TYPE			OTHER THAN									
	TOTAL CLAIM						TE	FEE	7	RATE	FÉE									
	FOR			NUMBER FILED		NUMBER EXTRA		FEE	370.00	OF	BASIC FE									
	TOTAL CHARGEABLE CLAIMS			กเกษร 20=	*		X\$	9=		OR	X\$18=									
	INDEPENDENT CLAIMS						X4:	2=		OR	X84=									
L	MULTIPLE DEPENDENT CLAIM PRESENT						+14	0=		OR	+280=									
•	* If the difference in column 1 is less than zero, enter					column 2	TOT	AL		OR	TOTAL	<u> </u>								
l	CLAIMS AS AMENDED - PART II								·.	novil	OTHER	THAN								
_		(Column 1)		(Colun	SMA	LLE	YTITM	OR	SMALL											
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
AMENDMENTA	Total	. 4	Minus	" a	0	E	X\$ 9	/=(OR	X\$18=									
	Independent	ENTATION OF M	Minus	###	S CLAIM	= /	X42	=]		OR	X84=	840								
-ا	Trans-Fraco	CHAIONOR			CLATIV	, ,	+140	=		OR	+280≃									
							TO' ADDIT, F	TAL		OR	TOTAL ADDIT. FEE									
	(Column 1) (Column 2) (Column 3)							- CC L		•	ADDII. FEE	·								
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA	PATI		ADDI- NONAL FEE		RATE	ADDI- TIONAL FEE								
	Total	*	Minus	**		æ.	X\$ 9	=		OR	X\$18=									
	Independent	* ENTATION OF MI	Minus	***	N AIA	=	X42=			OR	X84=									
<u> </u>	Innot Phese	SITATION OF MIC	JUNIFUL DE	·	Z.CAIVI		+140:	-		OR	+280=	•								
								AL	·	OR .	TOTAL DDIT. FEE									
		(Column 1)		(Columi		(Column 3)	ADDIT. FI				DD11.1 CE	,								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE								
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=									
	Independent	* NTATION OF MU	Minus	***	البسنا		X42=	1		OR	X84=	·								
 							+140=		ù	OR	+280=	·								
** #	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DIT. FEE									
							ound in the a	spproj	The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20. ADDIT. FEE											